

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9028</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>MELVIN</u> <u>D.</u> <u>CUTRELL</u> P O Box Bldg Room No if any <u> </u> Street <u>300 So GRAND</u> City <u>ST LOUIS</u> State <u>Mo</u> ZIP Code + 4 <u>63103-2448</u>	4 Name file number and address of labor organization. Name <u>TEAMSTERS LOCAL UNION NO 688</u> Labor Organization File Number <u>015-471</u> P O Box Building and Room Number if any <u> </u> Street <u>300 So GRAND</u> City <u>ST LOUIS</u> State <u>Mo</u> ZIP Code + 4 <u>63103-2448</u>
5 Position in labor organization <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<p>A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any: <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7 a Nature of Interest, Transaction or Income</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>7 b Amount.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

Telephone Number

Name of Person Filing MELVIN D CUTRELL	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **SPECTOR & WOLFE LLC**
Trade Name if any **ATTORNEYS AT LAW**
P O Box Bldg Room No if any **SUITE 101**
Street **206 WEST ARGONNE**
City **KIRKWOOD**
State **MO** ZIP Code + 4 **63122**

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____
Trade Name if any _____
P O Box, Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11 a Nature of such dealing

ATTORNEY PROVIDES LEGAL SERVICES FOR TEAMSTERS' LOCAL UNION 688

11 b Approximate dollar value of such dealing

FREE FOR SERVICE

12 a Nature of interest held or income received

CHRISTMAS GIFT - ONE BOX OF STEAKS

12 b Amount

4768

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing MELVIN D CUTRELL	File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any) Name AMERICAN INCOME LIFE INSURANCE Trade Name if any P O Box, Bldg Room No if any PO. Box 2608 Street City WACO State TEXAS ZIP Code + 4 76797	9 Business deals with. <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9.b or 9.c is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; font-family: cursive;"> INSURANCE CO MARKETS POLICIES TO UNION MEMBERS AND THEIR FAMILIES BY HAVING INFORMATION ABOUT NO COST AND OTHER AVAILABLE COVERAGE MAILED BY THE UNION TO THE MEMBERS. THE INSURANCE COMPANY HAS NO DIRECT CONTACT WITH UNION MEMBERS. </div> 11 b Approximate dollar value of such dealing UNKNOWN 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; font-family: cursive;"> NO COST ACCIDENTAL DEATH INSURANCE POLICY (DEATH BENEFIT \$200,000) AS MADE AVAILABLE TO ALL MEMBERS OF TEAMSTERS LOCAL 698 </div> 12 b Amount.

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.

Signature



Date

